



# HOSPICE FEE FOR SERVICE (FFS) DIRECT DATA ENTRY INTO LONG TERM CARE (LTC) PORTAL



Nov/Dec 2019

# Agenda

- ❑ Who May Enter into the LTC Portal for Hospice
- ❑ Location of Hospice Member Service Provision
- ❑ Prior to LTC Portal Entry for Hospice
- ❑ LTC Portal Entry for Hospice
- ❑ Steps in the Use of LTC Portal for Hospice
- ❑ Add a New Member Segment
- ❑ The Critical Question
- ❑ Special Circumstances
- ❑ Hospice Discharges
- ❑ Reporting
- ❑ Navigation
- ❑ Helpful Hints and Additional Information



# Who May Enter into the LTC Portal for Hospice

## CCC Plus Program

- Health Plan

## Fee for Service

- Hospice Provider

# Location of Hospice Member Service Provision

- ✓ The location of service to a Hospice Member does not effect who enters the information in LTC portal
- ✓ Admission into a NF does require some special processing
  - The NF is responsible for completing and sharing the DMAS 95 Level 1 PASRR
  - Entry in LTC may be completed by the Hospice provider or Health Plan.
  - There is no NF enrollment in LTC by the Nursing Facility

# Prior to Portal Entry

- ✓ **PRIOR to Admission of data into the LTC Portal for Hospice, providers are expected to validate : 1) Medicaid eligibility; 2) Managed Care Enrollment**
  - Providers may use the Virginia Medicaid Web Portal and the Medicaid audio response systems to obtain verification.
  - Toll-free and other numbers are available 24-hours per day, seven days a week, to confirm member eligibility and claim status
  - The numbers are:
    - 1-800-772-9996 Toll-free throughout the United States
    - 1-800-884-9730 Toll-free throughout the United States
    - (804) 965-9732 Richmond and Surrounding Counties
    - (804) 965-9733 Richmond and Surrounding Counties
  - Provider's access the LTC system using their Virginia Medicaid provider number as identification. Specific instructions on the use of the verification systems are located on the DMAS website

# Verifying Medicaid Eligibility

- ✓ This is critical for a smooth Hospice admission
- ✓ If Medicaid Financial eligibility is not verified one of the following could occur:
  - LTC portal may not permit approval of Hospice admission.
  - Eligibility code may prohibit admission as the following codes do not cover Hospice and NF level of care services
    - QMB 23, 53, 63, 43
    - Assisted Living 12, 32, 52
    - Plan First 80
    - Presumptive Eligibility 106
- ✓ Solution:
  - Check Financial eligibility prior to entry
  - Contact local Department of Social Services ( DSS) to “re-evaluate”, (if individual is in an aid category listed above).



# LTC Portal Entry for Hospice

The next set of slides will highlight the key points to a successful Hospice submission into the LTC Portal

For complete details it is recommended that you review the Long Term Care (LTC) Frequently Asked Questions (FAQ), Tutorial & User Guide.

These resource are available at [www.viriniamedicaid.dmas.Virginia.gov](http://www.viriniamedicaid.dmas.Virginia.gov)

The screenshot displays the Virginia Medicaid website interface. At the top, the browser address bar shows the URL: <https://www.viriniamedicaid.dmas.virginia.gov/wps/portal/LongTermCare>. Below the address bar is a taskbar with several application icons. The main content area features the Virginia Medicaid logo on the left. A horizontal navigation menu contains the following items: Home, Provider Services (with a dropdown arrow), Provider Resources (with a dropdown arrow), EDI Support (with a dropdown arrow), Documentation (with a dropdown arrow), FAQ, and Provider Enrollment. Below the navigation menu, there are two side-by-side panels. The left panel, titled 'Quick Links', contains a list of links: Provider Services, Provider Resources, EDI Support, Documentation, FAQ, and ORP FAQs. The right panel, titled 'Long Term Care (LTC) Quick Links', contains a message: 'The following is the list of available options within this category. Please make a selection for the link/documentation desired.' followed by a bulleted list: Long Term Care (LTC) FAQ, Long Term Care (LTC) User Guide, and Long Term Care (LTC) Tutorial.

# Steps in Use of the LTC Portal for Hospice

Register as a provider in DMAS portal (if not already enrolled)  
This is a one time process per provider

Steps to complete an entry:

Review the LTC Portal user guide, tutorial, and FAQ's.

1. Validate the individuals Medicaid Financial eligibility
2. Have a completed admission/discharge packet for the individual
3. Log in
4. Begin entering

The Commonwealth of Virginia Medicaid Web Portal's home page contains various portlets (sections within a portal page) and navigational tabs.

The Web Portal's Home Page is reflected below:

The screenshot shows the Virginia Medicaid Web Portal home page. At the top left is the Virginia Medicaid logo. At the top right, the date "Jan 7, 2013" and links for "Home" and "Contact Us" are visible. Below the logo is a navigation bar with tabs: Home, Provider Services, Provider Resources, EDI Support, Documentation, EHR Incentive Program, and FAQ. A red box labeled "Navigation Tabs" points to this bar. Below the navigation bar are several portlets. A red box labeled "Web Announcements will reflect any information for portal users, such as portal maintenance, etc." points to a "Web Announcements" portlet. A red box labeled "Quick Links to documentation and other supporting websites" points to a "Quick Links" portlet. A red box labeled "Login for access to registration and secured provider services" points to a "Login" portlet. A red box labeled "Physician Primary Care Increase information and forms" points to a "Physician Primary Care Increase" portlet. The "Web Announcements" portlet contains the following text: "SERVICE AUTHORIZATIONS BEING END DATED 12/31/2012. Service Authorizations with no claims activity since 11-1-2011 will be end dated as of 12-31-2012. For questions, please contact the Provider 'HELPLINE' at 1-800-552-8627 Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. Please remember that the 'HELPLINE' is for provider use only. Please have your Medicaid Provider ID # available when you call. The Virginia Medicaid EHR Incentive Program launches on August 1, 2012. Please visit the EHR Incentive Program tab at the top of this page for more information." The "Quick Links" portlet contains a list of links: Provider Services, Provider Resources, EDI Support, Documentation, EHR Incentive Program, FAQ, Search for Providers, Provider Forms Search, Web Registration Reference Material, and DMAS Web Site. The "Login" portlet contains the text: "Log in to the system or register by selecting your role below." and two options: Providers and Internal Users. The "Physician Primary Care Increase" portlet contains the text: "Information regarding increased payments for physician primary care services effective January 1, 2013 through December 31, 2014 are below:" and a list of links: Medicaid Memo, Physician Primary Care Attestation Form, FAQs, and Provider Attestation Report.



**Welcome**

Welcome to the Virginia Medicaid Web Portal. This page allows registered provider organizations to log in. If you need to register, you can do so by clicking on the 'Web Registration' link in the 'First Time User Registration' box.

If you have any issues with registering or logging in, please see the Web Registration Reference Material (located through the Quick Links to the right) or contact the Virginia Medicaid Web Support Help Desk (toll free) at 866-352-0496.

**First Time User Registration**

By registering you will be designated as the Primary Account Holder for your organization. As the designated Primary Account Holder, you can add, delete or modify user access.

If you are currently a user supporting an organization associated with a Medicaid provider enrolled with the Department of Medical Assistance Services, then as a new Primary Account Holder registrant, you must complete the following steps:

1. Establish a User ID, Password and security profile
2. Initiate the authentication process
3. Complete identity authentication with the Security ID generated and mailed to the provider

If you are a user supporting an organization associated with a provider who is registering in order to submit a Medicaid enrollment application, then as a new Primary Account Holder registrant, you need only complete the following step:

1. Establish a User ID, Password and security profile

After the enrollment application is approved, you must then complete the remaining registration steps noted below:

2. Initiate the authentication process
3. Complete identity authentication with the Security ID generated and mailed to the provider

If you are not the Primary Account Holder for your organization then you should not register. If your organization already has a Primary Account Holder, please see them for your User ID and Password to log in.

- Quick Links**
- ▶ [Provider Services](#)
  - ▶ [Provider Resources](#)
  - ▶ [EDI Support](#)
  - ▶ [Documentation](#)
  - ▶ [EHR Incentive Program](#)
  - ▶ [FAQ](#)
  - ▶ [Search for Providers](#)
  - ▶ [Provider Forms Search](#)
  - ▶ [Web Registration Reference Material](#)
  - ▶ [DMAS Web Site](#)

**Existing User Login**

To access secure areas of the portal, please log in by entering your User ID and Password.

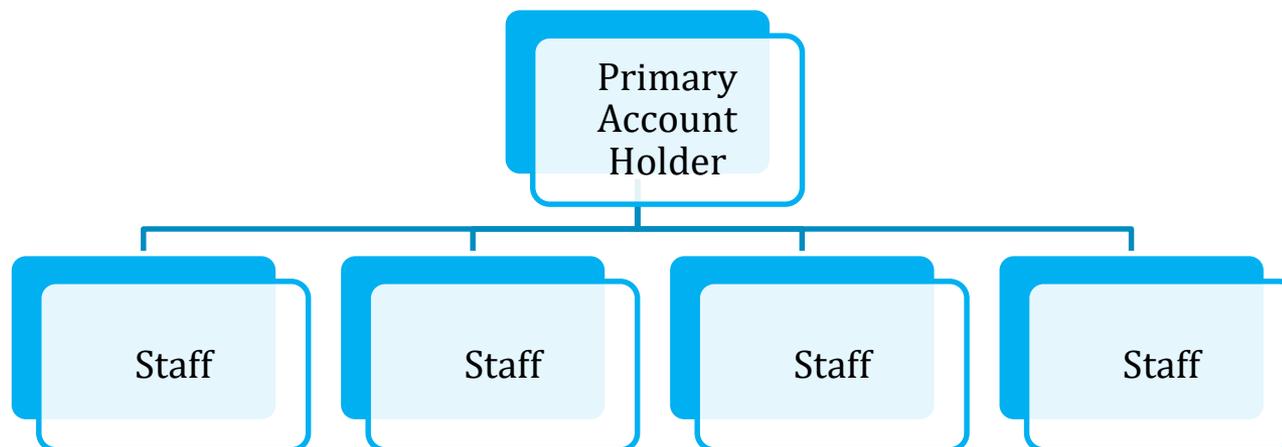
\* User ID:

\* Password:

[Forgot User ID?](#)  
[Forgot Password?](#)

# Registering as a Provider

- ❑ The Authorized User – LTC role is established by either the Primary Account Holder or the provider's Administrator for performing Long Term Care reviews and/or updates on behalf of the provider organization.



# Provider Registration -Cont.

## 1.2 Medicaid Web Portal – Provider Login Page

After selecting the 'Provider' role in the Web Portal Home Page, the provider and the supporting user community are directed to the Provider Login Page.

The Provider Login Page is reflected below:

Jan 7, 2013  
Home | Contact Us

Home Provider Services Provider Resources EDI Support Documentation EHR Incentive Program FAQ

Virginia Medicaid

Welcome

First Time User Registration

Quick Links

Existing User Login

Submit Reset

# Key Steps to Processing an Admission or Discharge

- ✓ Log in with provider NPI number
- ✓ Locate individual in portal
- ✓ Review historical data
- ✓ Select line segment to update
- ✓ Enter the Admission or Discharge
- ✓ Save the Screen check for notice of approval
- ✓ Print a copy of your work



# How to Begin an Entry

- Home
- Claims ▾
- Member ▾
- Service Authorization ▾
- Payment History
- EHR Incentive Program
- Provider Maintenance
- Provider Enrollment
- RA Messages
- Level of Care Review ▾
- Pre-Admission Screening ▾
- Provider Portal Secure Email
- Long Term Care**

- Select the long term care tab. The system will redirect you to the current segment
- Hospice will only see segments associated with their organizations.

VAPProviderLTCStatusTrackingPortlet

Long Term Care Status Tracking-Current Segments

NPI/API: 0

Select member for inquiry detail or to make updates:

Select	SSN	Member's Last Name	Member's First Name	MI	Suffix	Medicaid ID	Admission Date	Discharge Date	Status
Not applicable for health plans									

Member Search: Medicaid ID:  OR SSN:

Enter the Medicaid number and click on submit to bring up the individuals screen



# Navigation



- ❑ **Update** – Validates screen entry/entries and navigates the user to the Long Term Care Admission/Discharge screen.
- ❑ **Return to Status Tracking** – The status tracking initial screen to search for a member
- ❑ **Back To NPI Entry** – Opens up page to enter NPI
- ❑ **Add New Segment** - The user can request the addition of a new segment for a member or Add New Member

# Adding New Segment ~ Adding New Member

- The user is navigated to this screen when the 'Add New Member' button is selected
- To make changes the user must be associated with an enrolled Hospice and the member must be currently associated with the Hospice provider entering the information
- Any other user/member combinations will receive an error message that a new segment cannot be added.

The screenshot shows a web application window titled "LTCaddNewMember" with a subtitle "Long Term Care Add New Member/Segment". The form contains the following fields and controls:

- NPI/API: [Text input]
- SSN: [Text input]
- Member's Medicaid ID: [Text input]
- Member's Last Name: [Text input]
- Member's First Name: [Text input]
- MI: [Text input]
- Suffix: [Text input]
- Level of Care (LOC): [Dropdown menu]
- Servicing Address: [Dropdown menu]
- Admission Date: [Date picker]
- Discharge Date: [Date picker, value: 12/31/9999]
- NPI: [Text input]
- End Reason: [Dropdown menu, value: 000 - Benefit]
- Change Source: [Dropdown menu]
- Approved Pre-Admission Screening?: [Radio buttons, Yes/No]

At the bottom right, there are three buttons: "Submit", "Return to Status Tracking", and "Reset".



# Adding New Segment or Member



LTCaddNewMember

Long Term Care Add New Member

NPI/API:

SSN:  Member's Medicaid ID:

Member's Last Name:  Member's First Name:  MI:  Suffix:

Level of Care (LOC)  Servicing Address  Admission Date  Discharge Date  NPI  End Reason  Change Source  Approved Pre-Admission Screening?  Yes  No

The following is a list of fields on the screen and the necessary information for completing the member's segment.

- NPI/API - This field will be populated with the NPI/API associated with the User ID logged in. This field is disabled and cannot be updated.
- SSN - If this field is open (coming from the Long Term Care Status Tracking – Current Segments screen), entry of either the member's SSN

# Data Elements to Add New Segment or Member

LTCaddNewMember

Long Term Care Add New Member

NPI/API:

SSN:

Member's Medicaid ID:

Member's Last Name:  Member's First Name:  MI:  Suffix:

Level of Care (LOC)  Servicing Address  Admission Date  Discharge Date  NPI  End Reason  Change Source  Approved Pre-Admission Screening?  Yes  No

User  
NPI

- This field is auto populated with the NPI/API associated with the User ID logged in.

SSN  
DMAS  
ID

- Entry of either the member's valid 9 digit (SSN) or 12 digit Medicaid ID is required.

# Data Elements to Add New Segment or Member

LTCaddNewMember

Long Term Care Add New Member/Segment

NPI/API:

SSN:

Member's Medicaid ID:

Member's Last Name:

Member's First Name:

MI:  Suffix:

Level of Care (LOC)

Servicing Address

Admission Date

Discharge Date

NPI

End Reason

Change Source

Approved Pre-Admission Screening?  Yes  No

Auto  
Fill

- Once the user tabs out of the field, the member's Medicaid ID and name will be populated on the screen, based on the information in the Medicaid system.

LOC

- Select the value that represents the level of care that the member will receive. (Hospice=D)



# The Critical Question

Home | Claims | Member | Service Authorization | Payment History | EHR Incentive Program | Provider Maintenance | Provider Enrollment | RA Messages | Level  
eDoc Management | Provider Portal Secure Email | Long Term Care

LTCad/NewMember

NPI/API: [ ]  
SSN: [ ]  
Member's Last Name: [ ]

Level of Care (LTC) [ ] Servicing Address [ ] Admission Date [ ] Discharge Date 12/31/9999 NPI [ ] End Reason [ ] Change Source [ ]

Approved Pre-Admission Screening?  
 Yes  No

Submit | Return to Status Tracking | Reset

For Hospice Admission select Hospice or "D"

The response for Hospice is No and check Special circumstance # 5

Hospice is always a Special Circumstance

# 12VAC30-60-302 Section E Special Circumstances

DMAS' electronic systems will recognize these special circumstances and will permit submission for enrollment into a NF without a screening.

One of the following must apply:

1. Private pay individuals who will not become financially eligible for Medicaid within six months from admission to a Virginia nursing facility shall not be required to have a screening in order to be admitted to the NF.
2. Individuals who reside out of state and seek direct admission to a Virginia nursing facility shall not be required to have a screening. Individuals who need a screening for HCBS waiver or PACE programs and request the screening shall be screened by the CBT or DMAS designee, as appropriate, serving the locality in which the individual resides once the individual has relocated to the Commonwealth.
3. Individuals who are inpatients in an out-of-state hospital, in-state or out-of-state veteran's hospital, or in-state or out-of-state military hospital and seek direct admission to a Virginia NF shall not be required to have a screening. Individuals who need a screening for HCBS waiver or PACE programs and request the screening shall be referred, upon discharge from one of the identified facilities, to the CBT or DMAS designee, as appropriate, serving the locality in which the individual resides once the individual has relocated to the Commonwealth.
4. Individuals who are patients or residents of a state owned or operated facility that is licensed by DBHDS and seek direct admission to a Virginia NF shall not be required to have a screening. Individuals who need a screening for HCBS waiver or PACE and request the screening shall be referred, upon discharge from the facility, to the CBT or DMAS designee, as appropriate, serving the locality in which the individual resides.
5. A screening shall not be required for enrollment in Medicaid hospice services as set out in [12VAC30-50-270](#) or home health services as set out in [12VAC30-50-160](#).
6. Wilson Workforce Rehabilitation Center (WWRC) staff shall perform screenings of the WWRC clients

LTCaddNewMember

### Long Term Care Add New Member/Segment

NPI/API:

SSN:  Member's Medicaid ID:

Member's Last Name:  Member's First Name:  MI:  Suffix:

Level of Care (LOC)  Servicing Address  Admission Date  Discharge Date  NPI  End Reason  Change Source  Approved Pre-Admission Screening?  Yes  No

## Admission & Discharge Dates

- Entry is required in the format MM/DD/YYYY or
- Via the calendar widget
- Leave Discharge as 12/31/9999 for admissions

- Once you have completed the necessary information click on submit – \*note the remaining fields are display only\*

# Display Only - YES!!!

The screenshot shows a web form titled "Long Term Care Add New Member/Segment". The form includes several input fields: NPI/API, SSN, Member's Medicaid ID, Member's Last Name, Member's First Name, MI, and Suffix. There are also dropdown menus for Level of Care (LOC) and End Reason (currently set to "000 - Benefit"). A "Change Source" dropdown menu is highlighted with a red box. Below the form are buttons for "Submit", "Return to Status Tracking", and "Reset".

- Change Source – This field is for display only and reflects the change source associated to this member's segment. This field will reflect a change source value. The default is 00 No Change Source. For a full listing of For a complete list of Change Source please refer to the Web Portal - LTC Users Guide
- Level of Care Segment Status – This field is for display only and reflects the current status associated with the segment. One of the following values will display: Approved / Void / Pended
- Update Date – This field is for display only and reflects the date of the last update made to the segment.
- For a complete list of fields, please see the Web Portal - LTC Users Guide

# Historical Data for Members Under Your NPI number

Home Claims Member Service Authorization Payment History Provider Maintenance Provider Enrollment RA Messages Level of Care Review

Pre-Admission Screening eDoc Management Provider Portal Secure Email Long Term Care

VAProviderLTCStatusTrackingPortlet

Long Term Care Stat

NPI/API: 1396849501

Select member for inquiry detail or to make update

Select	SSN	Member's Last Name	Member's First Name	MI	Suffix	Medicaid ID	Admission Date	Discharge Date	Status
<input checked="" type="checkbox"/>	[REDACTED]2	[REDACTED]L	[REDACTED]	A		[REDACTED]	06/12/2019	12/31/9999	Approved
<input type="checkbox"/>	[REDACTED]7	[REDACTED]	[REDACTED]E	G		[REDACTED]	04/17/2019	12/31/9999	Approved
<input type="checkbox"/>	[REDACTED]5	[REDACTED]N	[REDACTED]	K		[REDACTED]	07/01/2019	12/31/9999	Approved
<input type="checkbox"/>	[REDACTED]4	[REDACTED]	[REDACTED]			[REDACTED]	03/30/2019	12/31/9999	Approved
<input type="checkbox"/>	[REDACTED]2	[REDACTED]	[REDACTED]			[REDACTED]	07/17/2018	12/31/9999	Approved
<input type="checkbox"/>	[REDACTED]7	[REDACTED]	[REDACTED]			[REDACTED]	03/15/2019	12/31/9999	Approved
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	M		[REDACTED]	04/01/2018	12/31/9999	Approved
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]			[REDACTED]	05/30/2019	12/31/9999	Approved
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	L		[REDACTED]	04/28/2019	12/31/9999	Approved
<input type="checkbox"/>	[REDACTED]3	[REDACTED]	[REDACTED]	J		[REDACTED]	06/07/2019	12/31/9999	Approved

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Member Search: Medicaid ID:  OR SSN:

[Submit](#) [Back To NPI Entry](#) [Add New Member](#)

Click on line you want to change

Once you choose the line you want to change and select submit the system will take you to the individual's history in which you can proceed with discharge or to change discharge date.

# Hospice Discharges

VAProviderETCAdmDischgePortlet

**Long Term Care Admission/Discharge**

NPI/API: [REDACTED] 5  
 SSN: [REDACTED]  
 Member's Last Name: [REDACTED] Member's Medicaid ID: 0 [REDACTED]  
 Member's First Name: [REDACTED] MI: Suffix:

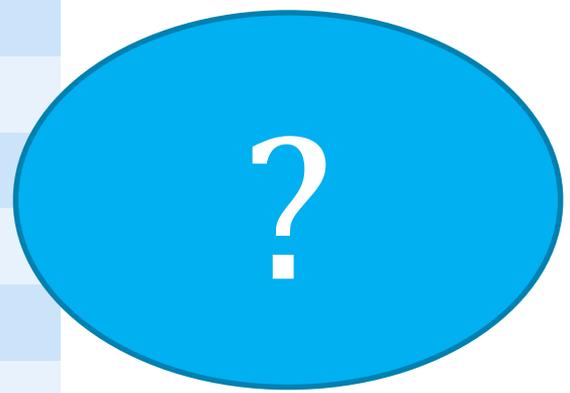
Level of Care(LOC)	Admission Date	Discharge Date	NPI	End Reason	Change Source	Level of Care Segment Status	Update Date
9	04/10/2017	12/31/9999	0000000000	000	00	Approved	09/13/2017
1	12/15/2014	<input type="text" value="04/10/2017"/>	1285603142	488	00	Approved	09/13/2017
D	10/17/2014	<input type="text" value="12/15/2014"/>	1013977933	488	00	Approved	01/26/2015
1	06/27/2014	<input type="text" value="10/17/2014"/>	1285603142	488	00	Approved	10/30/2014
2	05/12/2014	<input type="text" value="06/27/2014"/>	1285603142	488	00	Approved	07/09/2014

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[Update](#) [Return to Status Tracking](#) [Reset](#) [Back To NPI Entry](#) [Add New Segment](#) [Print PDF](#)

## Level of Care Indicators

- 1 Intermediate Care Facility**
- 2 Skilled Nursing Facility**
- A Private Duty Nursing (Tech Waiver)**
- 9 CCC Plus Waiver (EDCD)**
- D Hospice**
- L Long Stay Hospital**
- PP PACE**



# Adding & Updating Discharge Dates

VAProviderLTCAdmDischgePortlet

Long Term Care Admission/Discharge

NPI/API: [REDACTED]  
SSN: [REDACTED] Member's Medicaid ID [REDACTED] 8  
Member's Last Name: [REDACTED] Member's First Name: [REDACTED] MI: Suffix:

Level of Care(LOC)	Admission Date	Discharge Date	NPI	End Reason	Change Source	Level of Care Segment Status	Update Date
9	04/10/2017	12/31/9999	0000000000	000	00	Approved	09/13/2017
1	12/15/2014	<input type="text" value="04/10/2017"/>	1285603142	488	00	Approved	09/13/2017
D	10/17/2014	<input type="text" value="12/15/2014"/>	1013977933	488	00	Approved	01/26/2015
1	06/27/2014	<input type="text" value="10/17/2014"/>	1285603142	488	00	Approved	10/30/2014
2	05/12/2014	<input type="text" value="06/27/2014"/>	1285603142	488	00	Approved	07/09/2014

Showing 1 - 5 of 5

[Update](#) [Return to Status Tracking](#) [Reset](#) [Back To NPI Entry](#) [Add New Segment](#) [Print PDF](#)

If the level of care line is associated with the Hospice provider's NP the field may be entered and an open box will be available (most likely with a 12/31/1999 or previous discharge date).

To enter a discharge date or change a discharge date, either enter a date MM/DD/YYYY manually or via the calendar widget.

To end date a waiver service: A Hospice provider must admit the Individual to Hospice.

# Admission/Discharge Screen

Changing discharge date to April 1, 2017 and adding End Reason

Level of Care(LOC)	Admission Date	Discharge Date	NPI	End Reason
9	04/10/2017	12/31/9999	0000000000	000
1	12/15/2014	04/01/2017	██████████	403 - Changed Level of Care (Non-Waiver Default Vali ▼)

- **End Reason** – This field displays the end reason associated with the LTC segment.
- If the segment is open then it will have "000".
- If the user changes the discharge date the end reason field will open up for update.

Code	End Reason Description
000	Benefit Open (Open Segment Default Value)
001	Member Deceased
002	Loss of Virginia Residence

For a complete list of End Reasons please see pages 38-42 in the Web Portal - LTC Users Guide

After updating any segments with the necessary data, click 'Update' to validate field edits.

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[Update](#) [Return to Status Tracking](#) [Reset](#) [Back To NPI Entry](#) [Add New Segment](#) [Print PDF](#)



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[eDoc Management](#) [Provider Portal Secure Email](#) [Long Term Care](#)

VAProviderLTCAdmDischgePortlet

Row 2-Member has been successfully updated.

You can do a print screen if you wish to provide documentation of the entry

NPI/API: [REDACTED]  
SSN: [REDACTED] Member's Medicaid ID: [REDACTED]  
Member's Last Name: [REDACTED] Member's First Name: [REDACTED] MI: Suffix:

Level of Care(LOC)	Admission Date	Discharge Date	NPI	End Reason	Change Source	Level of Care Segment Status	Update Date
9	04/10/2017	12/31/9999	0000000000	000	00	Approved	09/13/2017
1	12/15/2014	04/01/2017	1285603142	403	00	Approved	04/20/2017
0	10/17/2014	12/15/2014	1013977933	488	00	Approved	01/26/2015
1	06/27/2014	10/17/2014	1285603142	488	00	Approved	10/30/2014
2	05/12/2014	06/27/2014	1285603142	488	00	Approved	07/09/2014

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[Update](#) [Return to Status Tracking](#) [Reset](#) [Back To NPI Entry](#) [Add New Segment](#) [Print PDF](#)

# WORK AROUNDS

- FFS enrollments being entered after CCC Plus enrollments
- System currently blocks this entry

We are working with IM to fix this problem, however, please be aware that admissions should be entered in a timely manner to prevent this scenario.

# 420 Form

This form is completed on all admissions and retained in the individuals record. A QMR visit will review if it is in individuals record

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES  
**DMAS 420 Request for Hospice Services**

NAME: _____	DATE OF BIRTH: ____/____/____
ADDRESS: _____	
MEDICAID BENEFIT PROGRAM: FFS <input type="checkbox"/> CCC Plus Program <input type="checkbox"/>	MEDICAID #: _____ (12 digits)
OTHER INSURANCE: _____ POLICY NO. _____	MEDICARE # _____

**SECTION I: ELECTION OF HOSPICE SERVICES**

I, \_\_\_\_\_, elect to participate in the Medicaid Hospice Services.

The hospice that I have chosen is \_\_\_\_\_.

I am aware of the prognosis of my illness and I understand that treatment is palliative rather than curative. I consent to the management of the symptoms of my disease as prescribed by my Attending Physician and/or the Hospice Medical Director. My family and I will help to develop and will participate in a plan of care based on our needs.

I may receive benefits that include home nursing visits, counseling, medical social work services, drugs and biologicals, and medical supplies and equipment. If needed, I may also receive home health aides/homemakers, physical therapy, occupational therapy, speech/language pathology, inpatient care for acute symptoms, medical procedures ordered by my physicians and hospice, and continuous nursing care in the home during acute medical crises. I may request volunteer services, when available and appropriate. I realize that my family and I have the opportunity for limited respite in an approved inpatient facility.

In accepting these services, which are more comprehensive than regular Medicaid Services, I waive my right to regular Medicaid services that are duplicative of services required to be provided by the Hospice except for payment to my Attending Physician or treatment for medical conditions unrelated to my terminal illness. I understand that I can revoke these services at any time and return to regular Medicaid services. I understand that Hospice consists of two ninety-day periods and subsequent sixty-day periods extending until I am no longer in Hospice. I may be responsible for hospice charges if I become ineligible for Medicaid services.

I understand that at the end of either the first ninety-day period or the second, because of an improvement in my condition, I may choose to save the remainder of the benefit period(s). I may revoke the Hospice Benefit at that time. I also understand that if I choose to do so, I am still eligible to receive the remaining benefit period(s). I am aware, that if I choose to revoke Hospice Services during a benefit period, I am not entitled to coverage for the remaining days of that benefit period.

I understand that if I choose to do so, once during each election period, I may change the designations of the particular hospice from which hospice care is provided by filing a statement with the hospice from which care has been provided and with the newly designated hospice. I understand that a change of hospice providers is not a revocation of the remainder of that election period.

I understand that, unless I revoke Hospice services, hospice coverage will continue.

I understand that if I am a Medicare recipient, I must elect to use the Medicare Hospice Services.

Check one:

- \_\_\_\_\_ I am a Medicare recipient and have elected the Medicare Hospice Services.  
My Medicare eligibility for hospice benefits begins \_\_\_\_\_ (date).
- \_\_\_\_\_ I am not a Medicare recipient.

\_\_\_\_\_  
 Witness' Signature/Date

\_\_\_\_\_  
 Hospice Recipient Signature/Date

\_\_\_\_\_  
 Hospice Recipient's Authorized Representative Signature/Date (If applicable)

# 421a Form

## CCC Plus

It is a communication tool between the Hospice and the Health Plans

- The Hospice originates the 421a
- The Health Plan uses the 421a to enroll the individual in Hospice in the LTC portal.

## FFS

The Hospice originates the 421a and

- Enroll the Individual in the LTC portal
- Retains a copy as documentation of enrollment as part of the individuals record.

Virginia Department of Medical Assistance Services  
DMAS 421A Hospice Enrollment /Disenrollment Form



Provider Name: _____	Contact Person: _____
Provider NPI: _____	Phone Number: _____
Enrolled in <input type="checkbox"/> FFS <input type="checkbox"/> CCC Plus Health Plan	FAX Number: _____
Health Plan Name: _____	Date Submitted: ____/____/____

**Fee-For-Service (FFS):** For individuals who are in FFS, the hospice provider must: 1. Enter the admission or discharge into the LTC portal. 2. Complete this form and retain it in the individual's record with the DMAS 420 form.

**Commonwealth Coordinated Care Plus (CCC Plus):** For individuals who are enrolled in CCC Plus, the hospice provider must: 1. Complete this form. 2. FAX this form to the appropriate Health Plan for admission and discharge 3. Retain this form in the individual's record.  
If hospice is provided in a nursing facility, the nursing facility must complete the DMAS 95 PASRR Level 1 form and send the DMAS 80 to the Health Plan. No entry in LTC portal is needed for enrollment in NF if enrolled in Hospice.

Please complete one form per individual. Maintain this form in the individual's record and print legibly.

For each enrollment COMPLETE #1-6  
For disenrollment/revocation/termination COMPLETE #1-2 and #7-8

1. Individual Name: \_\_\_\_\_

2. Individual Medicaid Number: \_\_\_\_\_  
*(Required- Do Not submit this enrollment if you do not have an active Medicaid number for the individual)*

Enrollments: Complete this section for enrollments only

3. Date individual/representative signed hospice election: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Date Attending Physician signed DMAS 420: \_\_\_\_\_  
*(If individual is re-electing their hospice benefit, attending physician does not need to sign DMAS 420)*

5. Date Hospice Medical Director signed DMAS 420: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Change in hospice providers?  Yes  No

Disenrollments: Complete this section for disenrollment's only

7. Date of hospice disenrollment/revocation/termination: \_\_\_\_/\_\_\_\_/\_\_\_\_

8. Reason for disenrollment/revocation/termination: \_\_\_\_\_

I certify that the Information contained herein is representative of the individual's status as documented in the individual's record.

Signature of individual completing form \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONFIDENTIAL-CONTAINS PATIENT IDENTIFIABLE INFORMATION**

State and Federal laws prohibit misuse or disclosure of this information. If you have received this communication in error, please notify the [scdex](#) listed above immediately.

# Highlights of 421a

Virginia Department of Medical Assistance Services  
DMAS 421A Hospice Enrollment /Disenrollment Form



Provider Name: _____	Contact Person: _____
Provider NPI: _____	Phone Number: _____
Enrolled in <input type="checkbox"/> FFS <input type="checkbox"/> CCC Plus Health Plan	FAX Number: _____
Health Plan Name: _____	Date Submitted: ___/___/___

**Fee-For-Service (FFS):** For individuals who are in FFS, the hospice provider must: 1. Enter the admission or discharge into the LTC portal. 2. Complete this form and retain it in the individual's record with the DMAS 420 form.

**Commonwealth Coordinated Care Plus (CCC Plus):** For individuals who are enrolled in CCC Plus, the hospice provider must: 1. Complete this form. 2. FAX this form to the appropriate Health Plan for admission and discharge 3. Retain this form in the individual's record.

If hospice is provided in a nursing facility, the nursing facility must complete the DMAS 95 PASRR Level 1 form and send the DMAS 80 to the Health Plan. No entry in LTC portal is needed for enrollment in NF if enrolled in Hospice.

Demographic information

Added Guidance

Please complete one form per individual. Maintain this form in the individual's record and print legibly.

For each enrollment COMPLETE #1-6  
For disenrollment/revocation/termination COMPLETE #1-2 and #7-8

1. Individual Name: \_\_\_\_\_

2. Individual Medicaid Number: \_\_\_\_\_  
*(Required- Do Not submit this enrollment if you do not have an active Medicaid number for the individual)*

Enrollments: Complete this section for enrollments only

3. Date individual/representative signed hospice election: \_\_\_/\_\_\_/\_\_\_

4. Date Attending Physician signed DMAS 420: \_\_\_\_\_  
*(If individual is re-selecting their hospice benefit, attending physician does not need to sign DMAS 420)*

5. Date Hospice Medical Director signed DMAS 420: \_\_\_/\_\_\_/\_\_\_

6. Change in hospice providers?  Yes  No

Disenrollments: Complete this section for disenrollment's only

7. Date of hospice disenrollment/revocation/termination: \_\_\_/\_\_\_/\_\_\_

8. Reason for disenrollment/revocation/termination: \_\_\_\_\_

I certify that the Information contained herein is representative of the individual's status as documented in the individual's record.

Signature of individual completing form \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Admission  
Disenrollment  
request

Attestation of completion and  
accurate

CONFIDENTIAL-CONTAINS PATIENT IDENTIFIABLE INFORMATION

State and Federal laws prohibit misuse or disclosure of this information. If you have received this communication in error, please notify the sender listed above immediately.

# Hospice Document Flow Process

CCC Plus

Hospice completes 421a

Hospice FAXES 421a to Plan and retains it in record

Plan enters Info into LTC portal

CCC Plus in nursing facility

Hospice FAXES 421a to Plan and retains it in record

NF completed DMAS 95 Level 1 PASRR

Plan enters Info into LTC portal

FFS

Hospice completes 421a

Hospice retains 421a in record

Hospice enters Info into LTC portal



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  - ▶ [ICD-10](#)
  - ▶ [CCC Providers - NPI FAQs](#)
  - ▶ [HIPP Application](#)
  - ▶ [NF Wage Survey Application](#)
  - ▶ [Free Clinic FAQs](#)

**Long Term Care (LTC) Quick Links**

The following is the list of available options within this category. Please make a selection for the link/documentation desired.

- [Long Term Care \(LTC\) FAQ](#)
- [Long Term Care \(LTC\) User Guide](#)
- [Long Term Care \(LTC\) Tutorial](#)

- Home
- About Medicaid
- Eligibility Guidance
- FAMIS
- Managed Care Benefits
- Programs & Services
- Long Term Care**
- For Providers
- Report Fraud or Abuse
- Appeals
- DMAS Open Data

- LTSS Home
- Aging & Disability Services
- DME Fee Schedule
- LOCERI
- Automated Enrollment & Disenrollment**

## Automated Enrollment & Disenrollment

<http://www.dmas.virginia.gov/#/ltsservices>

### Overview

DMAS has created the automated enrollment portal as an electronic resource that replaced the paper PIRS submission process for; admission, disenrollment & level of care changes for the following LTSS programs.

- Nursing Facility Care
- CCC Plus Waiver Services
- Hospice

Entry of the admission, disenrollment & level of care changes is determined by one of the following:

- CCC Plus program: submitted by Health Plan
- FFS: submitted by the FFS Provider (Nursing Facility, or Hospice)

The portal is available 24/7 allowing providers the opportunity to process changes quickly and efficiently. Guidance on the use of the Portal for each program is available via the DMAS- Portal at <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/LongTermCare>

### Training Presentation

- [Fee for Service direct Data entry in LTC system for Nursing Facilities - June 28, 2019 \[pdf\]](#)
- [Required Screening for Nursing Facility Placement and Use of the LTC Portal - June 20, 2019 \[pdf\]](#)

### FAQs

- Weekly Q&A's on Nursing Facility Use of LTC Portal and Screening Packets
  - [July 23, 2019 \[pdf\]](#)
  - [July 18, 2019 \[pdf\]](#)
- FAQs on portal use are available at <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/LongTermCare>

**Hospice will be located here**

# Other Reminders



- ✓ LTC Portal questions go to:
  - For FFS [AEandD@dmas.Virginia.gov](mailto:AEandD@dmas.Virginia.gov)
  - For CCC Plus Program to Health Plan

# Looking Forward

- ✓ Additional guidance will be distributed
  - Via webinar updates
  - Your state association
  - Via Q&A documents that will be posted to the DMAS website.



# Questions?

